

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

APRTER 1ST  
AMENDMENT

APRTER 2ND  
AMENDMENT

IND DEP

IND DEP

IND DEP

1

2

3

4

5

6

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50

TOTAL IND.

2

TOTAL DEP.

2

TOTAL CLAIMS

2

91

92

93

94

95

96

97

98

99

100

TOTAL IND.

2

TOTAL DEP.

2

TOTAL CLAIMS

2